

# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket Number

4002-2819/PC436.00

First Named Inventor

J. Kenneth Burkus

☐ Declaration submitted with  
Initial Filing

☒ Declaration  
Submitted after  
Initial Filing  
(surcharge (37 CFR  
1.16(e)) required)

## COMPLETE IF KNOWN

Application No.

09/965,018

Filing Date

Sept. 27, 2001

Group Art Unit

3732

Examiner's Name

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHODS AND INSTRUMENTATION FOR VERTEBRAL INTERBODY FUSION

the specification of which  
(check one)

☐ is attached hereto.

☒ Was filed on 9/27/2001 as United States Application No. 09/965,018 or  
PCT International Application No. \_\_\_\_\_

☐ And was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/756,492	01/08/2001	
09/498,426	02/04/2000	

☐ Additional US or PCT International application numbers are listed on a supplement priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/>  <input checked="" type="checkbox"/>	Customer Number <span style="font-size: 2em;">→</span> OR Registered practitioner(s) name/registration number listed below.	Place Customer Number Bar Code Label Here
---	---	---

Name	Registration Number	Name	Registration Number
Douglas A. Collier	43,556		

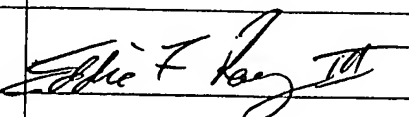
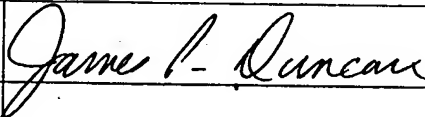
☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to : ☐ Customer Number Bar Code Label OR ☒ Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Inventor's Signature:		Date of Signature:	
Residence: (City, State, Country)			
Citizenship:			
Post Office Address:			

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DNK-2000-068-PA-CIP:DAC:

## DECLARATION

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(Supplemental Sheet)

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